### FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEC Mail Processing Section

FORM D

MAR 18 ZUUU N

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

Washington, DOUNIFORM LIMITED OFFERING EXEMPTION

OMB Number:	3235-0076	
Expires: Ap	ril 30, 2008	
Estimated avera	age burden	
nours per respo	nse: 16.00	

OMB APPROVAL

SEC USE ONLY					
Prefix			Serial		
	DATE R	ECEIVE	D		
	.				

Name of Offering ( check if this is an amendm	ent and name has changed, and indicate change.)	
Pictet: Non-US Equity Offshore L.P.: Lin	nited Partnership Interests	
Filing Under (Check box(es) that apply):	Rule 504 🔲 Rule 505 🗹 Rule 506 🕻	☐ Section 4(6) ☐ ULOE
Type of Filing: ☐ New Filing ☑ Amendr	ment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issu	uer	E (BBIN) EFFET IONS EFFET IONS EFFE OUTE STATE OF A SAFET ION SEEL
Name of Issuer ( check if this is an amendm	ent and name has changed, and indicate change.)	
Pictet: Non-US Equity Offshore L.P.		THE REPORT OF THE PROPERTY OF
Address of Executive Offices (N	umber and Street, City, State, Zip Code)	Telephone 08041638
c/o GSAM (GMS Cayman GP) Ltd., One	New York Plaza, New York, New York 10004	(212) 902-1000
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	PROCESSED	
Brief Description of Business		
To operate as a private investment fund.	MAR 2 5 2008 🔎	
Type of Business Organization	THOMSON	<b>7</b>
☐ corporation	limited pFINAINCIAL formed	☑ other (please specify):
☐ business trust	☐ limited partnership, to be formed	Exempted Limited Partnership
	Month Year	
Actual or Estimated Date of Incorporation or Or		☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviat	ion for
-	State: CN for Canada; FN for other foreign jur	isdiction) F N

#### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFIC	CATION DATA	, , , , , , , , , , , , , , , , , , , ,						
2. Enter the information requested for the following:								
* Each promoter of the issuer, if the issuer has been organized within	the past five years;							
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct of the issuer;</li> </ul>	Each denotical while the till point to rote of Employer, and the state of							
* Each executive officer and director of corporate issuers and of corp	orate general and managing partners of pa	rtnership issuers; and						
Each general and managing partner of partnership issuers.								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer ☐ Director	☑ General and/or Managing Partner						
Full Name (Last name first, if individual)								
GSAM (GMS Cayman GP) Ltd. (the Issuer's General Partner)								
Business or Residence Address (Number and Street, City, State, Zip Code)		Tuloude						
c/o Walkers SPV Limited, Walker House, PO Box 908GT, Mary Street, G	George Town, Grand Cayman, Cayman  ☐ Executive Officer ☐ Director	General and/or						
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner	Executive Officer	Managing Partner						
Full Name (Last name first, if individual)								
Smartnet Resources Ltd.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Palm Grove House, Road Town, Tortola, VG								
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner	☐ Executive Officer ☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individual)								
Blue Moon Fund, Inc.		<del></del>						
Business or Residence Address (Number and Street, City, State, Zip Code)	•							
222 W. South Street, Charlottesville, VA 22902		<b>D</b> C 1 2/2						
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner	☐ Executive Officer ☐ Director	☐ General and/or  Managing Partner						
Full Name (Last name first, if individual)								
Minera S.A.								
Business or Residence Address (Number and Street, City, State, Zip Code)	)							
Edificio P.H., Plz 2000, Piso 16, Calle 50, Panama City, Panama		F.C. 1. 1/2						
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner	☐ Executive Officer ☐ Director	☐ General and/or  Managing Partner						
Full Name (Last name first, if individual)								
Lifetime Inv Ltd T-2227		· · · · · · · · · · · · · · · · · · ·						
Business or Residence Address (Number and Street, City, State, Zip Code)								
Elizabeth Square, Phase 111, 80 Shedden Rd., Georgetown, Grand Cayn								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	✓ Executive Officer* ☐ Director *of the Issuer's General Partner	☐ General and/or  Managing Partner						
Full Name (Last name first, if individual)								
Asali, Omar M.								
Business or Residence Address (Number and Street, City, State, Zip Code	)							
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, N								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer* ☐ Director *of the Issuer's General Partner	☐ General and/or Managing Partner						
Full Name (Last name first, if individual)	<del> </del>							

Barbetta, Jennifer

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004

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- 2. Enter the information requested for the following:
  - \* Each promoter of the issuer, if the issuer has been organized within the past five years;
  - \* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - \* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer* □ Director *of the Issuer's General Partner	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Gottlieb, Jason		
Business or Residence Address (Number and Street, City, State, Zip Cod	de)	
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York,	New York 10004	·
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	<ul> <li>✓ Executive Officer* ☐ Director</li> <li>*of the Issuer's General Partner</li> </ul>	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Ort, Peter		
Business or Residence Address (Number and Street, City, State, Zip Cod	le)	
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York,	New York 10004	<del></del>
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	<ul><li>☑ Executive Officer*</li><li>☐ Director</li><li>*of the Issuer's General Partner</li></ul>	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Ross, Hugh M.		
Business or Residence Address (Number and Street, City, State, Zip Coc	le)	
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York,	New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer ☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Coc	le)	
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Coc	ie)	
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Coo	de)	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Coo	de)	

	•				B. IN	FORMAT	ION ABO	OUT OFF	ERING				
												Yes	No
1. H	as the issu	er sold	, or does th	ne issuer int	end to sell,	to non-accr	edited inves	stors in this	offering?		.,		$\square$
					Answer also	in Append	ix, Column	2, if filing	under ULOI	Ξ.			
:	subscription	at is the minimum investment that will be accepted from any individual? *General Partner, may accept scriptions below the minimum, provided no subscriptions shall be less than U.S. \$50,000 (or an amount specified by man Islands Law).						\$	0,000*				
3. D	oes the off	ering p	ermit joint	ownership	of a single	unit?		***************	*****			Yes ☑	No □
				sted for eac									
If O	ommission a person t r states, list	or sim o be lis t the na	ilar remun sted is an a ame of the	eration for s ssociated po broker or d et forth the i	solicitation erson or age caler. If me	of purchase ent of a brok ore than five	ers in conne ter or dealer e (5) person	ction with s registered s to be liste	ales of secu with the SE	rities in the C and/or wi	offering. th a state		
Full ?	Vame (Last	name	first, if ind	ividual)				-					
*Alth	man, Sach lough the s	securit	ies will be	sold throu	gh Goldma	n, Sachs &	Co., no co	mmissions	will be paic	l, directly o	r indirectly	, for solici	ting any
Busin	ess or Res	idence	Address (1	Number and	Street, City	y, State, Zip	Code)						
85 B	oad Stree	t. New	York, Ne	w York 100	04								
	of Associ												
States	in Which	Person	Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
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Full N	Vame (Last	name	first, if ind	ividual)									
Busin	ess or Res	idence	Address (1	Number and	Street, City	y, State, Zip	Code)					<u> </u>	
Name	of Associa	ated Br	oker or De	ealer							• • • • • • • • • • • • • • • • • • • •		
				s Solicited						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		🗆 А	II States
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Full N	Vame (Last	name	first, if ind	ividual)									
Busin	ess or Res	idence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name	of Associa	ated Br	oker or De	aler							·····		
				s Solicited of									All States
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[II.		N]	[IA]	[KS]	[KY]	[LA]	[ME]	(MD)	[MA]	[MI]	[MN]	[MS]	[MO]
[M	-	E]	[NV]	[NH]	[NJ]	[NM]	[ME] [NY]	[NC]	[ND]	[NH]	[OK]	[OR]	[PA]
[R]		_	[UZ]	(TN)	[TX]	(UT)	(VT)	[VA]	(WA)	(WV)	rwn	[WY]	[PR]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security		Aggregate Offering Price	Amount Already Sold
	Debt	\$_	0	\$ 0
	Equity (Shares)	\$_	0	\$ 0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$_	0	\$ 0
	Partnership Interests	\$_	5,867,800	\$ 5,867,800
	Other (Specify: )	\$_	0	\$ 0
	Total	\$_	5,867,800	\$ 5,867,800
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number	Aggregate Dollar Amount
			Investors	of Purchases
	Accredited Investors	_	5	\$ 5,867,800
	Non-accredited Investors	_	0	\$ 0
	Total (for filings under Rule 504 only)		N/A	\$ N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Time of	Dollar Amount
	Type of offering		Type of Security	Sold
	Rule 505	_	N/A	\$ N/A
	Regulation A	_	N/A	\$ N/A
	Rule 504	_	N/A	\$ N/A
	Total		N/A	\$ N/A
tł tł	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$ 0
	Printing and Engraving Costs		Ö	\$ 0
	Legal Fees		Ø	\$ 19,814
	Accounting Fees			\$ 0
	Engineering Fees.			\$ 0
	Sales Commissions (specify finders' fees separately)		0	\$ 0
	Other Expenses (identify)			\$ 0
	Total		♂	\$ 19,814

	C. OFFERING PRICE, NI	<u>UMBER OF INVESTORS, EXP</u>	ENS	ES A	ND USE OF PE	OCE	<u>EDS</u>	
_	<ul> <li>b. Enter the difference between the aggregat</li> <li>- Question 1 and total expenses furnished in difference is the "adjusted gross proceeds to the"</li> </ul>	in response to Part C - Question 4.a.	. Thi	is		\$_		5,847,986
i.	Indicate below the amount of the adjusted gr to be used for each of the purposes shown. I furnish an estimate and check the box to t payments listed must equal the adjusted gross to Part C - Question 4.b. above.	If the amount for any purpose is not ke the left of the estimate. The total	knowr of th	n, ie				
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0		\$_	0
	Purchase of real estate			<b>\$</b> _	0		<b>\$</b> _	0
	Purchase, rental or leasing and installation of	machinery and equipment		\$_	0		\$_	0
	Construction or leasing of plant buildings and	d facilities		\$_	0		\$_	0
	Acquisition of other businesses (including the this offering that may be used in exchange another issuer pursuant to a merger)	ge for the assets or securities of	0	\$_	0	<sup>□</sup>	<b>\$</b> _	0
	Repayment of indebtedness			<b>s</b> _	0		\$_	0
	Working capital			\$_	0		s_	0
	Other (specify): Investment Capital			\$_	0	☑	\$_	5,847,986
	Column Totals			\$_	0	$\mathbf{\nabla}$	\$_	5,847,986
	Total Payments Listed (column totals added)				⊠ \$	5,84	17,980	6
_		D. FEDERAL SIGNATUR	RE					
fc	the issuer has duly caused this notice to be signallowing signature constitutes an undertaking befits staff, the information furnished by the issue	by the issuer to furnish to the U.S. Se	ecuriti	es an	d Exchange Comm	ission,	upon	
		Signature			Date			
Pic:	tet: Non-US Equity Offshore L.P.	Caroline 7			March /7, 2008			
Var	me of Signer (Print or Type)	Title of Signer (Print or Type)			1/**** *** <u>  .</u>			
Zai	roline Kraus	Assistant Secretary of the Issuer's G	Jener:	al Pa	rtner			

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

